

PATENT  
MAIL STOP ISSUE FEE

IN THE U. S. PATENT AND TRADEMARK OFFICE

In re application of Allowed June 8, 2011  
GISSELGARD et al. Conf. 7395  
Application No. 10/539,019 Group 3644  
Filed June 16, 2006 Examiner Trinh NGUYEN

## MILKING DEVICES

**REQUEST FOR CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents June 17, 2011  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/539,019.

It is requested that a new Filing Receipt be issued on which the first name of inventor PETTERSON is correctly given as TORBJORN (NOT FORBJORN), as shown by the accompanying originally-filed Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

/Benoit Castel/

BC/11b

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: MILKING DEVICES  
Attorney Docket Number:: 1510-1107  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MIKAEL  
Middle Name::  
Family Name:: GISSLEGARD  
Name Suffix::  
City of Residence:: TUMBA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: KASSMYRAVAGEN 20  
Address::  
City of Mailing Address:: TUMBA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-147 33

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: NILS  
Middle Name::  
Family Name:: ALVEBY  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: ANDERS REIMERS VAG 13  
Address::  
City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-117 50

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: MARTIN

Middle Name::

Family Name:: BELLANDER

Name Suffix::

City of Residence:: GUSTAVSBERG

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing TVARVAGEN 16

Address::

City of Mailing Address:: GUSTAVSBERG

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-134 31

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: TORBJORN

Middle Name::

Family Name:: PETTERSON

Name Suffix::

City of Residence:: GNESTA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing ROSENHED

**Address::**

**City of Mailing Address::** GNESTA

**State or Province of Mailing Address::**

**Country of Mailing Address::** SWEDEN

**Postal or Zip Code of Mailing Address::** S-646 32

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** SWEDEN

**Status::** Full Capacity

**Given Name::** JOHAN

**Middle Name::**

**Family Name::** ODEBERG

**Name Suffix::**

**City of Residence::** STOCKHOLM

**State or Province of**

**Residence::**

**Country of Residence::** SWEDEN

**Street of Mailing** FREJGATAN 14

**Address::**

**City of Mailing Address::** STOCKHOLM

**State or Province of Mailing Address::**

**Country of Mailing Address::** SWEDEN

**Postal or Zip Code of Mailing Address::** S-113 49

**Correspondence Information**

**Correspondence Customer** 00466

**Number::**

**Representative Information**

<b>Representative Customer</b>	00466
<b>Number::</b>	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/002024	12/19/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0203871-9	12/20/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::